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ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 31.

THE ORAL REGION.—This region forms the superior part of the alimentary canal. It extends backward from the lips to the soft palate, and laterally from one cheek to the other. The superior boundary is called the roof or hard palate, the inferior or floor is formed by the tongue, and the mucous membrane stretching from it, to the alveolar process of the lower jaw. When the jaws are closed together, this space is divided into two; an interior one, surrounded in front, and on the sides by the alveolar arches and teeth of the superior and inferior maxillary bones, and an exterior one, between these, and the lips and cheeks—"*vestibulum oris.*" The simple opening of the mouth, converts these two into one cavity. The entrance to the oral region is called the oral aperture, and is bounded by the lips, the angles of which form the labial commissures. The oral cavity contains the tongue, teeth, labial, palatal, lingual, and buccal glands, and the orifices of the salivary glands The region is symmetrical, the traces of the original duality of which may be recognized on the hard palate, the tongue and symphisis of the lower jaw.

The Lips.—These prehensile organs guard the entrance to the mouth. They are called superior and inferior, and consist of integument, muscle, fibrous tissue, fat glands, mucous membrane, nerves, lymphatics, and blood vessels. In the very young, and old, the lips appear to be of extraordinary length, the result of a partial absence of the alveolar processes. A depression runs from the columnar septum of the nose to the free border of the superior lip—the *sub-nasal* groove. With those who recognise an intermaxillary bone this depression corresponds to that piece. From the ala of the nose to the angle of the mouth there runs a muscular line, "*naso-labial,*" and another from the angle to the base of the lower jaw. The free border of the lips are red, the upper one having a little prominence in the centre, with some vertical grooves. The line of union between the skin and mucous membrane is quite distinct.

The skin of the upper lip is dense, and very closely attached to the muscular layer beneath, especially beneath the naso-labial groove; is richly supplied with follicles, and endowed with acute sensibility. The beard which it supports is generally stronger and less disposed to change color than on other parts of the face. The lips on their inner surfaces are connected to the jaws by reflections of the mucous membrane; which projecting as a prominent ridge at the middle, very marked when they are forcibly drawn out from the jaws, are called *frœna*, the one for the upper lip, *frœnum labiæ superioris*, for the lower, *frœnum labiœ inferioris.* The mucous membrane does not adhere very tenaciously to the subjacent muscular layer, except at the middle line.

Muscular Layer.—The muscular element of the lips consists in a strong ring of fibres, the *orbicularis oris*, and into which are inserted almost all the muscles of the face. The fibres of the sphincter muscle are quite pale and very difficult to dissect handsomely. The fibrous tissue of the lips exists in a very small degree, especially on their cutaneous surface.

Labial Glands.—These are deeply placed, being between the mucous and muscular layers, some covered by the inner fasciculi of the latter. They are racemose glands, in this respect similar to the parotid submaxillary, etc.

Blood Vessels.—The arteries which supply the lips, proceed from the facial, and are the *inferior labial*, *inferior coronary*, and *superior coronary*. The last two come off pretty close to each other; opposite, or a little below the angle of the mouth, and passing beneath some fibres of the depressor anguli oris and zygomaticus, minor muscles, form a very beautifull arterial circle of small vessels around the margin of the mouth. The main vessels of the lips are placed very deep, almost in contact with the mucous membrane. Several small arteries from the anterior mental and infra orbital branches of the internal maxillary, are also distributed to these organs.

Veins.—These, bearing the names of the accompanying arteries, terminate in the facial veins.

Nerves.—The labial nerves are branches from the 5th pair, and the *facial*. The former conferring sensation and the latter motion.

Lymphatics.—These terminate in the submaxillary and submental glands.

Practical Remarks.—The size of the lips, observed especially in the African, is due to the development of the orbicularis muscle. Some attach much importance to their size, as indicative of peculiar traits of character. Thus a thin lip, or such an one habitually compressed, implies irrascibility of temper, and if associated with a good mental organization, the individual will be remarkable for acute, subtle, logical investigation, and inflexibility of will. Large lips are supposed to belong to persons of amiable temper, frank and open in their social intercourse, indisposed to contend in matters of ordinary import, but firm even to obstinancy in maintaining and defending a principle or a cause, when once espoused. A thick, tumid lip is usually found, especially in young subjects, associated with the scrofulous diathesis. This is due to a slight serous exudation from want of a proper tonicity in the textures supporting the capillaries, and also a faulty constitution of the circulating fluid. There is another form of enlarged lip, coexisting with such a diathesis, that is a true hypertrophy, the plastic exudation having been developed into new formations of fibrous tissue, attended also with enlargement of the glandular constituents.

The *naso-labial* line is not without its value to the observing physician. In disease involving the abdominal viscera, its unusual prominence, gives a peculiar significance to the face. The lines running down from the angles of the mouth, impart a grave expression, and become very marked in the melancholic affections of the mind. These, with the curve of the cutaneo-mucous line, become subjects of much interest to the painter.

The biting of the lips is sometimes seen when persons are making strong voluntary efforts to restrain a fit of impending passion.

The slight elevation of the angle of the mouth lends great force to the emotion of scorn. Every one has observed the pouting of the lips in children, when disposed to be sullen. All these movements must be referred to the connexions which subsist between the nerves of the face and respiration.

The tremulous lips may attend great nervous debility, or agitation from strong emotional causes. Sometimes they become blue, or livid, the result of congestion from causes impeding the circulation of the lungs or the heart; or they may be pale, as in fainting, anæmia, loss of blood, or fright.

Disease often exhibits a predilection for a particular lip. Thus carcinoma always attacks the nether lip; cancroid or epithelioma may occur on the upper; encysted tumors are seated on the lower lip. The congenital fis-

sures, called hare lip, involve only the superior lip. These are never in the mesian line of the naso-labial groove. If single it is on one margin, if double on either margin, leaving the groove as a center piece. The vitality of this must be comparatively low. The following lessons relative to the cure of hare lip, may be drawn from the structures entering into the composition of the part involved:

First.—There being but little fibrous tissue in the lip, it will admit of great extension, and therefore in this as well as in other cutting operations, incisions should extend well into the sound portions. *Second.*—As great freedom of the lip is necessary to a good adjustment, it should, with this end in view, be freely detached from the jaw, by dividing the reflected line of mucous membrane which so connects it. *Third.*—In double fissure, the central piece being short and deficient in blood, should not be elongated in order to bring it on a level with the lateral flaps, but rather to approximate and unite the latter at the lower margin, retaining the former as a short wedge between them above. *Fourth.*—As the vessels supplying the lip run very deep, the retaining needles should transfix the flaps very near to the mucous surface, that the mouths of these divided trunks may be properly compressed. The necessity for such precautions is particularly important in the case of children, who, should there be any oozing into the mouth, will suck and swallow, (nothing being seen externally,) and very soon sink from exhaustion. *Fifth.*—The tendency in the margins of wounds to round off, from the action of the absorbent vessels, and the contraction of the tissues and cicatrix being always around the most fixed point, is apt to leave a notch in the border of the lip, where naturally a prominence exists. The incisions therefore, of the surgeon, should be made of such geometrical forms as will counteract this With this end in view, they may have an elliptical or triangular shape, or they may be made so that an oblique freshened surface will be left on the free border of the lip, on one side of the cleft, and a corresponding process on the other, so that when approximated the latter shall overlap the former, running toward the commissure or angle of the mouth. Would a subcutaneous section of some of the fibres of the orbicularis oris muscle on either side contribute in any measure toward obviating the difficulty in question?

The density of the skin, and its close connection with the muscular layer predispose to erysipelatous inflammation, and hence it is considered prudent not to allow the pins inserted after an operation, to remain too long.

The mucous surface of the lips, from extremes in temperature, especially cold, loses its epithelium in places, and they become irritable and inflamed; or, after such loss, the natural fissures or grooves become inflamed and opened, constituting the hacked or chapped lips. The value of an artificial epithelium in such cases will be apparent. The moustachio so commonly worn, would probably be the best remedy against this unpleasant condition. The sensibility of the lips are such in certain animals, that the slightest contact with the long hairs (*tactile organs*) which they support, is instantly recognized. Firm pressure on the superior lip, close to the nose, will often arrest a fit of sneezing. I suppose this results from the impression made on branches of the 5th pair of nerves—this nerve supplying the nose with its filaments of sensation.

A bi-lobed tumor occasionally projects from the inner surface of the upper lip, which becomes very apparent when the person laughs; it is vulgarly called the double lip. It is formed by the effusion of serum or plastic lymph beneath the mucous membrane, which is thereby detached, or its sub-mucous bond elongated. The central constriction results from the close connection of the mucous membrane on the middle line of the lip. These unsightly bags are seen in scrofulous or enfeebled constitutions. Punctures will avail nothing for their relief, for two reasons: first, their contents are not fluid; and second, there is an excess of tissue. An operation, to be successful, must remove a portion of the projecting mass by elliptical incisions, and close the wound by sutures.

The glands of the lips may become enlarged,

forming, tumors which roll under the fingers like shot. When removed it should be, of course, from the inside, as they are near that surface. The inferior lip restrains very much the escape of the saliva, so that when lost the constant dribbling not only becomes a source of annoyance, but rapidly exhausts the strength. The mobility of the integument beneath the chin will readily allow such losses to be restored by the aid of plastic surgery. In all inflammatory affections of the lips, threatening ulceration or sloughing, free incisions should be made into their substance, so as to prevent the loss of substance. Such incisions should be made on their inner surface, so as to avoid scars. The oral orifice being surrounded by a muscle, and having others radiating in all directions from it. All wounds of any depth should be dressed by the twisted suture, and supported in addition by adhesive straps, which shall extend from one side of the face to the other.

The present State of Ophthalmoscopy.

By Max Kuechler, M. D.,
Of Newark, N. J.

No. 8.

It cannot be denied that the anatomico-pathological researches in reference to the foramen opticum scleræ et choroideæ, if of no very great value, have yet rendered considerable service to ophthalmoscopy. New formations arising from melanotic deposits, disappearance or diminution of the choroideal pigment, calcifications or ossifications can easily be recognized by any one who is at all practiced in ophthalmoscopic examinations. Different, however, is it with diseases of the sheath of the optic nerve. The sheath may degenerate, separate from the body of the optic nerve, (for instance, in hydrops vaginæ fibrosæ nervi optici,) deposits may take place there and become organized, hyperæmic capillaries may form; but unfortunately these alterations cannot be observed by the ophthalmoscope.

In the body of the optic nerve, Ammon has discovered the following pathological alterations: changes of direction and position, flexion, sinuosity, infraction, hypertrophy, atrophy, fatty degeneration. But all these diseases cannot be seen with the ophthalmoscope. Only the infra-ocular end of the optic nerve, and the lamina cribrosa are of interest to us in an ophthalmoscopic point of view. The latter membrane is sometimes morbidly discolored, opaque; but it is never the seat of fatty degeneration, as is so frequently the case with the optic nerve itself, and which is manifest by a somewhat darker shaded appearance of the intra-ocular end of the optic nerve. Yet we must be cautious in forming a conclusion in such cases, for there is nothing constant in the dark, or lightly shaded appearance, which the lamina cribrosa presents in its healthy condition.

By excavation of the intra-ocular end of the optic nerve, is understood a sinking in, in consequence of central atrophy of the optic nerve, giving it a cupped appearance. When this is present the lamina cribrosa is ordinarily degenerated, of a lighter color, also sunken in, i. e. concave outward. When this process has reached its climax, we find the vascular trunks of the organ always obliterated, and hence this metamorphosis of the optic nerve shows itself through the ophthalmoscope as a waxy-yellow, non-vascular disc. The less this process has advanced, the less yellowish white is the appearance of the optic pupil, and the less will be the obliteration of the vessels. The primitive disease, however, may sometimes consist in atrophy or obliteration of the vessels, and lead to the excavation of the optic nerve.

In glaucoma, this excavation or cupped appearance of the optic nerve plays a very important rôle. I shall at the conclusion of these papers speak of glaucoma, that remarkable disease which has so recently found so many different explanations, and on that occasion shall make a few more remarks on excavation of the optic nerve.

Ammon mentions a morbid elevation of the optic nerve, of a whitish color, and said to be caused by calcific deposits taking place at the same time on the outer and inner surface of the *tuberculum retinæ*. Ammon does not describe the ophthalmoscopic image which this pathological change presents, and I have never had opportunity to observe it myself.

Pathological changes of the Choroid.—Anomalies in the choroid are said to manifest themselves by changes in the form and fulness of the choroideal vessels. But when we consider, that the choroideal vessels are, under all circumstances, difficult of recognition, that it depends upon the stroma and the pigmentation of the choroid, how many of these vessels come into view, and that they can be clearly seen, only in case, the pigmentation is very feeble, it is easy to understand how slight changes in consequence of increased or diminished vascularity, may readily escape the eye of even the experienced observer. Besides, the ramifications of the vessels on the background of the eye form a very confused image, so that it is often entirely impossible to estimate the calibre of any particular vascular branch. Hence follows that it is extremely difficult to say whether the choroideal vessels are in a state of congestion or not.

Laterally from the pupil are often found single larger vessels, (Fig. 1, A.,) which soon branch off and merge into a vascular net work. This is not a pathological condition, but an entirely normal process.

To recognize morbid conditions of the choroideal blood vessels, requires a great deal of practical experience in the examination of the background of normal eyes, and the best ophthalmoscopist is apt to make frequent mistakes in this difficult field.

As no results of post-mortem examinations have been made known hitherto, to throw light upon the subject, we need not be astonished that up to the present date, Liebreich and von Graefe have not been able to agree, whether the choro-capillaries are visible or not. Liebreich asserts the latter. In some cases, however, pathological changes may none the less be demonstrated. Thus, for instance, we observe sometimes unmistakable enlargements of one or more choroideal vessels, especially in choroiditis disseminata and sclerotico-choroiditis, which will be described hereafter. This morbid enlargement is the more remarkable as it is present only at some points, while others appear perfectly normal. In very chronic cases of choroideal atrophy, the calibre of the vessels is sometimes found diminished, and they are seen to become gradually obliterated, and we see, as the case progresses, at first pale then white stripes of smaller diameter than normal vessels.

(To be continued.)

Illustrations of Hospital Practice.

PFNNSYLVANIA HOSPITAL.

Service of Dr. Meigs.

Facial Neuralgia the Result of Chronic Rheumatism.—This patient some of you have seen before, when walking the wards with me. (See REPORTER of September 1st.) He came here on the 18th of last month, is a seaman, and had been ailing for some time with chronic subacute rheumatism, stiffness of his joints, and difficulty of motion. But what attracted our attention more particularly was, that he could not close his right eye, could not move with ease the right side of his mouth, could not whistle, that is to say, he lacked the power of co-ordinating the muscular motions necessary for that performance. He had no pain.

In cases of this kind it is of the utmost importance to determine upon what cause this loss of power depends. It may be owing, as in this case, to some rheumatic affection, perhaps thickening of the sheath of the nerve; then it is simple local paralysis; or it may depend upon cerebral lesions. In regard to prognosis as well as treatment, a correct diagnosis is necessary.

Now, this patient has no headache, he sleeps well, he has perfect control over his tongue, showing that the hypoglossal nerve is not affected, the orbicularis and levator palpebræ on that side act well; in short the absence of any symptoms, except the local loss of power, sufficiently marks the case as one not very grave. The treatment has been anti-rheumatic; iodide of potassium, blistering behind the ear, and a pill twice or three times a day, composed of half a grain of extract of nux vomica, two grains of sulphate of quinine, and the same quantity of powdered alum.

Case of Cerebritis.—The patient now before you is a German, hostler by occupation, and 24 years of age. He came into the hospital on August 27th, about three weeks ago. He had been working in the interior of the State, and been in good health until about three weeks before he came here, when his strength began to fail him, he lost his appetite, had headache, and felt miserably generally.

He was always of good health, robust and strong. In 1854 or 1855, he had received a severe kick from

a horse. Four years ago, he had primary syphilis, with a bubo on the right side. But, he states, that at no time had he sore throat, rheumatic pains, eruptions, or any other indication of secondary syphilis.

When he entered the hospital, he presented a very peculiar and curious, dull, sluggish expression of countenance; a heavy stolid eye, spoke slowly, and with some difficulty; he could not be provoked to a smile, and complained of a violent, racking headache, especially in the right parietal region. So severe was this pain that it kept him awake at night. Another feature of the pain was that it increased in violence paroxysmally, the paroxysms lasting about two hours. His bowels were constipated, but he had no vomiting.

On examination it was found that his left side was much weaker than his right; he could not grasp as vigorously with his left hand as with his right, and the muscles of his leg were in the same manner markedly diminished in power. There was, also, diminished sensibility of that side. Though the loss of sensation was not complete, tickling the sole of the foot of that side, or griping, and pinching the leg did not produce those rapid reflex motions which we find when the parts possess their normal sensibility; it only caused a slight motion of the toes. He walked with great difficulty.

There was no deformity about the muscles of the face; when asked to put out his tongue, it protruded in a straight line; the eyelids shut well, though it was thought, at one time, that the left orbicularis palpebarum acted with less force than the right. Vision was the same in both eyes and the pupils normal.

Together with all this, he was pale; pulse about 90 to 92, and regular; the tongue was moist and slightly covered with a creamy fur; appetite poor; the urine was natural in quantity and quality; there was very little heat of skin.

Taking a careful survey of the whole case we came to the conclusion that it was one of inflammatory disease of the right hemisphere of the brain. Having been bled before he came to the hospital, we did not resort to venesection, but abstracted six ounces of blood by cups from the neck. One half of a grain of calomel was given every four hours for three days, and castor oil given, as the state of his bowels seemed to indicate. The mercurial fetor beginning to be perceptible on the third day, and the gums commencing to be spongy and reddish, the calomel was omitted, and iodide of potassium given in its place. The diet was light—arrow root and chicken broth.

His head was shaved, and the scalp kept irritated by cantharidal preparations. Under this treatment he has markedly improved. As you see him now, he is no longer dull and sluggish, but wide awake, answering questions rapidly and intelligently. His headache is gone. Sensibility and motion of the left side have returned, and he walks and turns very well. I must state here, however, that at no time had he loss of consciousness, of speech, or delirium.

Now, gentlemen, this is a very interesting case. This patient comes into the hospital with symptoms, indicating severe suffering. There is almost complete hemiplegia of the left side; a most intense headache. There is evidently disease within the cranium. But where is it located? In the meninges or in the cerebral substance, at the base, or in the hemispheres of the brain?

If this patient had had secondary syphilis, eruptions, sore throat, we might have supposed it to be one of those cases which Todd describes as meningitis, in consequence of syphilitic thickening of the endocranium. But no secondary disease whatever can be traced in his case.

Again, his attack commenced without the loss of conscious ness, or judgment, without delirium, etc. conditions accompanying disease of the gray matter, and he had no convulsions during the progress of the disease, such as happens sometimes in these cases. He could not have had disease at the base of the brain, because you all know that under these circumstances we would have had peculiar symptoms, from the fact of certain nerves arising in that region, which, becoming involved in the disease would have produced peculiar and characteristic phenomena. The olfactories would have been involved, and he would have had loss of smell; the optics—loss of vision; there would have been strabismus from a want of parallelism in the external recti muscles supplied by the abducentes; rolling up of the eyeball in consequence of the pathetic becoming involved. But all these functions were perfect. The absence of any phenomena of this kind show conclusively that the disease could not have been located at the base of the brain.

Again, the case could not have been one of apoplexy. It came on too slow, and the patient got well too soon. True apoplexy comes on suddenly, and its results are more lasting and severe than in the case before us.

From these considerations the case was regarded as one of cerebritis, chiefly involving the white substance of the right hemisphere. It is a rare form of disease, and the patient has had a very narrow escape.

Pathological Specimens—Remarks—Scrofulous and Fatty Liver—Phthisis.—The patient from whom these specimens were obtained, was a woman, æt. 33, who was admitted on the 9th of this month, and died on the 17th. She was suffering from moderate ascites. The liver was found to extend down to

within two or three inches of the superior spinous process of the ilium on the right side, and also into the epigastric region. There was bronchial respiration over the upper lobe of the right lung, with a somewhat dull percussion sound. The heart presented no abnormities of sound or impulse.

Post Mortem Examination—Liver—The liver is enormous in size and weight, the latter being 8¼ pounds, instead of from three to four, as normal. It is of a pale buff, yellowish white color, dotted with reddish spots. The capsule is tense, the substance of the liver easily torn and of soft consistence.

Under the microscope it is found to be very fatty. But besides the fat, it has undergone another form of degeneration, that which Budd has called the *scrofulous, albuminous* enlargement of the liver. As a test of this disease, Budd recommends sections of the organ to be soaked in alcohol when they will harden and present a marked contrast to the previous softness of the tissue. The test was resorted to in this case, and with the most positive results.

Lungs.—There are tubercles in both upper lobes, and in a part of the middle of the right lobe; the largest amount is in the right upper lobes where there is a large amount of infiltrated tubercles, with many large crude yellow tubercles, some of which have softened and left small cavities; the bronchial lymphatic glands are enlarged, and contain masses of cretaceous matter.

The kidneys are larger than usual, weighing 5¼ ounces each, somewhat softish, with much fluid in their tissues; the cortical portion is not diminished in thickness; there are no granulations. They have undergone well marked fatty degeneration; both the tubes and epithelial cells contain oil globules.

The heart weighs eight ounces, and fatty degeneration has commenced in it.

Cardiac Hypertrophy, Valvular Disease, Granular and Cystic Kidney.—The patient from whom this specimen was taken, was Margaret M——, Irish, 40 years of age; she was admitted into the hospital on the 18th of August, and died September 17th.

During life she suffered from extensive anasarca; even the backs of her hands and wrists were œdematous. At times she was deeply cyanosed. There was venous pulsation in the external and internal jugular veins.

The action of the heart was not very strong. The apex beat was found on the left below the nipple; pulsation extended to the right margin of the sternum between the third and fourth ribs, so that at first it was thought to be a case of aneurism. But further examination showed it to be auricular enlargement.

There was a murmur proceeding from disease of the mitral and tricuspid valve.

Her urine was highly albuminous, and on microscopical examination was found to contain casts and cells filled with granules. At repeated examinations no healthy epithelial cell could be found.

She had cough and orthopnœa, no fever; her expectoration was serous. Percussion yielded a dull sound over the lower part of both lungs; behind them was ægophony mixed with fine and bubbling râles.

Post Mortem Examination.—The *heart* was much enlarged, and both ventricles hypertrophied; the walls of the left ventricle were ¾ of an inch in thickness; the columnæ carneæ much enlarged; the mitral valves thickened and opaque; the tricuspids were also thickened, but less than the left. The heart weighed 14½ ounces.

Liver and *spleen* natural.

Kidneys.—The left kidney was atrophied, capsule strongly adherent, and it presented a well marked granular degeneration. The other was in the same condition, with the addition that it presented numerous cysts, both on its surface and in its interior. Each weighed 3¼ ounces.

HOWARD HOSPITAL.

EYE AND EAR DEPARTMENT.

Service of Dr. Turnbull Attending Surgeon.

[Reported by J. Rufus Tryon, M. D.]

Diagnosis of Cataract.—M. B., aged 25, a native of Germany, type-setter by trade, has suffered from an affection of his eyes since he was eight years of age. Within the last five years he has discovered his vision becoming more and more impaired, complains of his incapability to recognise different objects, and of small bodies constantly floating up and down over the sight, causing him at times to be almost blind.

Dr. Turnbull, ordered to be dropped into the eyes and his brow to be painted with a solution of atropia consisting of four grs. to the ounce. After full dilatation of the pupils, they were examined with a *double convex lens*, and there were found, very handsomely displayed *stellated opacities* forming in the *crystaline lens*, resembling minute striated bands of a light pink color converging to a focus.

By questioning the patient, (it may be of interest to mention) it was found that the atropia had destroyed the "musceæ volitantes," which had ascended and descended before his vision, and that he could read ordinary print distinctly at the normal distance.

Without this dilatation he is compelled to hold the book much nearer, and use his hand as a shade to the eyes. This shows the benefit of atropia forming a correct diagnosis. By subjecting the patient to the catoptric test the cause of the complaint was found, as supposed in the *crystaline lens*, the *retina* and cornea being perfectly normal. By the *ophthalmoscope* the

opacities were easily and completely descerned, and the vessels of the choroid coat found to be exceedingly congested and enlarged, a great disadvantage for the success of the operation at present.

Dr. T., therefore, considered it advisable to wait till the cataracts were better developed, and then to perform the "anterior operation" on both eyes. He ordered a solution of atrophia of the strength of two grains to the ounce to be dropped into the eyes every other day, and requested the patient to discontinue the use of spectacles and to present himself at the clinic in a few weeks.

Deafness caused by impacted cerumen.—A. H, aged 29, is married and accustomed to considerable hard work. He is of very nervous temperament; pulse feeble. It was found by catechising that none of her relations were deaf and that she possessed perfect hearing herself till within the last three years. For the last two years she has suffered from decided deafness, which the patient attributes to exposure and cold, at that time. The former symptoms consisted only of a slight ringing noise through the ears, and the approach to deafness appeared to be gradual.

Her present symptoms consist of pain in the head and a disagreeble crackling sensation is experienced during the mastication of food, and from any sudden jar to the body; there was no discharge from the ear. The hearing power shown by conversation required the speaker to be within a yard from the ear, the left ear was found to be less sensitive. The causes, aggravating the deafness, noticable to the patient were damp and moist weather, while those producing improvement were dry air and warmth.

By an examination with the speculum both meati were found to be closed with impacted cerumen filling up the entire meatus, of a light color in the *right* and quite dark in the *left;* evidences of inflammation were present. The *membrana tympani* was not visible in either ear.

The *Eustachian tube* could not be examined.

By an examination of the throat the uvula was found somewhat enlongated and a slight *pharyngeal* inflammation was discovered. A few drops of *glycerine* were placed in the ear, a mild cathartic administered to the patient and in a few days they were syringed. In a week she returned to the clinic very much relieved; had heard distinctly the whistle of a locomotive, and other sounds before imperceptible. With the addition of a tonic, the previous treatment was patiently continued for three weeks, the ears carefully syringed, and at the end of that time she was fully restored to perfect hearing.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

WEDNESDAY EVENING, SEPTEMBER 12.

DR. REMINGTON, (President) in the chair.

Subject for Discussion: ABORTION: ITS CAUSES, DANGERS, AND TREATMENT.

DR. COATES, on taking the floor, pressed upon the Society, the importance of the discussion; urging, as an inducement, the extreme frequency of the production of abortion as a crime. He related an instance of an irregular practitioner, who seemed unaware that the procuring of an abortion was considered criminal at all. He also cited the opinion of Desormeaux, that the common method of examining clots from the uterus by the fingers, in a current of water, was insufficient; and that it should be done by placing the clots in a basin of water, and separating them by a small current, and not by the fingers. [This is erroneously referred to Desormeaux; the remark being made by Marc.]

DR. CORSE would ask the opinion of the members present as to whether hemorrhage during pregnancy, after the fifth month, were harmless or dangerous? Concerning the period at which quickening generally occurs, as this is to some extent a subject of difference, he would say that he placed it at 4½ months, and would explain it by recalling to mind, the fact, so well known, that the womb, which previously had been retained in the pelvic cavity, at that time, rises into the abdomen, with a sudden motion, thus producing a commotion, and at the same time a change of shape, hence it is very likely to cause a slight rupture of the membranes at the neck of the womb, and a hemorrhage ensues. He never heard that this was dangerous. He related a case, where, at the 7th month, hemorrhage occurred, continuing for a day, though the patient had experienced no commotion of any kind. It was arrested by the employment of a slight vegetable astringent, and absolute rest. This, he did not regard as innocent. He feared on account of the time at which it occurred, that placenta prævia was present.

An important question, and one not settled among physicians, is in regard to the advisability of exercise, and the enjoyment of society by those females who have a habit of aborting. The majority of the profession, entertain the belief that they should keep quiet and not mingle in society, and thus avoid all excitement.

DR. COATES had no doubt that hemorrhage was dangerous at any point of the pregnancy, from its beginning to its termination. If, as appeared to be the opinion generally received, the phenomena of menstruation occurred as consequences and concomi-

tants of the expulsion of an unfecundated ovum, this appeared to be contradicted by the cases in which menstruation was said to continue during gestation. He would ask Dr. Corse how the apparent contradiction could be solved, of supposing the escape of an ovum with hemorrhage, and its accompaniment of escape of fluids from the vagina when the uterus was filled by an ovum partly developed.

Dr. Corse remarked, that this was an idea held by those of antiquity, though many yet believe it. But the majority now believe that menstruation takes place from some other cause, and that ovulation is constantly going on. It is a fact that a woman may have a child at the breast, one in the uterus, and also menstruate.

Dr. Coates found some difficulty in understanding what antiquity was held to be. He had some claim to a relative antiquity himself. In all his earlier years, when a pupil or a graduate in medicine, this idea of the escape of an ovum during menstruation was unheard of. It was then the acknowledged and settled doctrine, in the Pennsylvania Hospital, and in the whole school which surrounded him, that the menstrual discharge was not even blood, but was, in fact, a regular *secretion*. He had certainly never heard of this theory of the escape of an ovum till within, at farthest, the least ten or fifteen years.

In order to show the liability under which we lay to have old things brought up as new, and new as old, he cited the doctrine of the humoral pathology, now adduced, as one of the recent improvements of science, though treated in the time of his youth as antiquated, exploded, and as one of the last proofs of weakness of mind in adhering to doctrines which ought to be forgotten, at the same time it was confided in by various physicians of extended intelligence, some of whom he named.

Dr. Corse replied, that the rule was, as soon as other knowledge, which could be demonstrated was obtained, the past was regarded as antiquated.

Dr. Lamb, in answer to the questions of Dr. Corse, would say, that in a somewhat extensive experience, he had always regarded uterine hemorrhage, during any stage of pregnancy, as a serious occurence; yet, he had in his recollection patients, in whom moderate hemorrhage had occurred at frequent intervals, during pregnancy, without resulting in any serious mischief—the patients passing on to their full time, and a safe delivery following. There must, however, be a distinction made, between simple and moderate hemorrhage without pain, and that attended with pain in any degree. In the cases where hemorrhage had proved harmless, the patient had been alarmed by a sudden and unexpected flow, attended with no pain whatever, and without any apparent cause. In such cases he usually enjoined absolute rest, in the recumbent position, for several days—seldom deeming it necessary to use active remedial agents. But, on the other hand, hemorrhage, with pain, and especially pain recurring at intervals, he always regarded as of very serious import, and most likely to result in abortion. Indeed, his experience, led him to the conclusion, that, from whatever cause, uterine hemorrhage, attended with pain, at any time after conception, anterior to the sixth month, almost certainly terminated in an abortion, or the death of the fœtus—a different result was the exception to a rule—and our remedial agents were addressed, though apparently to the preservation of the ovum, more directly to the ultimate safety of the patient.

He could not agree with Dr. Corse, in the opinion that abortions were most frequently observed about the time of quickening—attributing to that event, the irritation of the uterus, producing a tendency to throw off the offending ovum. The time of quickening, though generally fixed at about four and a half months, was yet, very uncertain; supposing that to be the average time, he and his patienti had sometimes been led into serious error and inconveniance, until he had directed his attention and theirs to other facts connected with conception, besides that of the first sensible movements of the fœtus. The precise time of quickening, it is evident, must depend in a great degree, on the size of the ovum, and the structure of the pelvis. His patients had quickened at all times, from two and a half to five months, and he had, in calculating the reckoning, as the ladies called it, long since, learned to place very little reliance on that event alone. He had patients who, in a number of consecutive pregnancies, uniformly quickened at two and a half months. He believed, that much the greater number of abortions occurred about the third month after conception, comparatively few beyond that time, but many, as early as the sixth week. At a later period than three months, he thought abortions were more generally produced by some innocent external cause.

A word as to treatment. Where the patient was plethoric, he considered venesection, to a moderate extent indispensable—and, in all cases, absolute rest. He placed some reliance on opium and sugar of lead, but much more on cold applications to the abdomen, and the lower part of the spine. The danger attending such cases usually passed away with the discharge of the ovum. Many cases of abortion assumed a very serious, if not dangerous aspect. But, in an experience of nearly forty years, and, for a large proportion of the time, having an average of ten obstetric cases in the month, he had never lost a patient, either from the direct and immediate, or remote effects of abortion.

In relation to the length of time a fœtus may be carried, after losing vitality, he referred to a case of

a somewhat anomalous character, which occurred in his practice some years since, corresponding with the opinion expressed by Dr. CORSE. An active and healthy woman, the mother of several children, summoned him to her bedside at the third month of gestation. She had pain, with considerable hemorrhage; the usual remedies were applied—coagulated blood was copiously discharged, but no ovum. After a few days rest, the hemorrhage gradually ceased—and the patient, who attended to her garden and market, resumed, in ordinary health, the active duties connected with her position. At the usual time she fancied that the quickening occurred, and was confident that she felt the movements of the fœtus. There was no sensible abdominal enlargement, and Dr. Lamb intimated to his patient the strong probability that she would not have a living child. At the eighth month, he was again called to her bedside, and after several hours of sharp parturient pains, she gave birth to a fœtus of about three inches in length, perfect in all its parts, and having the appearance of having been carefully preserved in alcohol. Her recovery was speedy and perfect, and subsequently she gave birth to several healthy children at full time.

DR. CORSE said that the death of the fœtus is generally set down in the books as a cause of abortion. These cases are exceptional.

DR. MAYBURRY observed that it was a source of regret to him that the very able and instructive paper had elicited so few remarks—especially as the meeting was a large one, and he saw around him many gentlemen who had read and thought much on the subject, and were accustomed to give expression to their opinions, which extensive practical experience had fully matured and rendered valuable. In behalf of the "Business Committee," he would beg leave to say, that abortion had been selected, because it was considered not only highly interesting and important, but also a very practical subject, every member of the profession having more or less experience in it. It was true the gentleman who had opened the discussion had exhausted the subject so completely, on most points, that there remained very little for any one else to say. Yet the subject was a very extensive one—embracing an important variety of uterine hemmorrhage, and the whole field of *criminal* abortion, which was merely alluded to—the considerations of either of which topics alone would be sufficient to cover the entire evening. The enormity of this latter practice, he regarded to be so great, whether viewed, as has justly been observed, in a "religious, moral, or legal aspect," that he would like the profession of Philadelphia to speak out boldly and unhesitatingly in regard to it. Its increasing frequency, and the loose and erroneous views held in regard to it by all classes of the community, he was glad to see, were beginning to arouse the medical mind of other portions of our country, and he had hoped to have a free interchange of sentiment here, this evening, on this all important subject. He, himself, had been early taught, and the correctness of these instructions had been fully confirmed by reflection since, that the new being *in utero* from the earliest moment of conception, and during the whole period of nitra-uterine existence, was as much entitled to life and protection *before* as *after* birth. And he firmly believed that to destroy it by inducing abortion at any period of utero-gestation, whether before or after quickening, was as heinous a crime, in every point of view, as infanticide itself. He was, therefore, gratified to see that our late Legislature, in the revision of the "*Penal Code*" of this Commonwealth, have made the procuring of abortion or miscarriage of any woman, "pregnant or quick with child," a criminal offence, punishable by "fine of $500, imprisonment by separate or solitary confinement, not exceeding three years." In his own practice, he had met with more miscarriages in the early month's of pregnancy than at any other period. He had, however, known several cases of threatened abortion occurring after quickening, and accompanied with profuse hemorrhage, in which the patient went to the full term. He referred to one case, in purticular, about the 6th month, where the hemorrhage was sudden and excessive, accompanied with much pain, the patient pale, and almost pulseless when he reached her, and the *osi uteri* considerably dilated, the tampen becoming necessary; yet, to his surprise, she carried the fœtus to the full period of gestation, and was then delivered of a well developed and healthy child.

DR. NEBINGER said, that about two years ago, he delivered a lady of twins, one of them alive, the other dead. The dead child was in a state of decomposition—the living child was a full term babe. The former appeared to have only reached its seventh month, and, therefore, it must have been carried dead in the womb for two months. Yet, labor did not come on in consequence of the presence of the dead fœtus in the uterus, but from natural and normal causes; the full period of gestation having been completed, as was evidenced by the living child being fully developed. The rule, the law, if you choose, doubtless is, that the presence of a dead fœtus induces labor, yet in this instance a child died in the seventh month of its development, and remained in the uterus a decomposing mass for two months, without inducing labor. This is an exception, a departure from the law, not invalidating it, but only tending to establish the fact, that in the instance of this law there are exceptions as there are to other laws. It is narrated not to disprove anything, but merely to show

an instance where the rule was departed from. And speaking of laws and their exceptions, he could not but observe that the fact of a woman menstruating during pregnancy, did not in the slightest degree militate against, or disprove the law, that menstruation is dependent upon the peculiar excitation or physiological disturbances which take place in the uterus, and especially in the ovarium during the development of a Graafian vesicle. He was somewhat surprised to hear the member urge this fact, as invalidating the doctrine so generally received as true, that menstruation was dependent upon the evolu tion of a Graafian vesicle, or the ovum. He did not like to hear a doctrine denounced, because of its "antiquity." The mere fact of a doctrine being ancient, or modern, neither proves nor disproves it. A law or doctrine is valuable because of itself, not because of the period of its discovery and promulgation, whether the period was far off in the dim and distant epoch of "antiquity," or the bright and near period of the recent past. His teachings, reading, observation and reflection, had been to establish in his mind the conviction, that menstruation is dependent upon the developement of the female contribution of the germ of a new being, and he must say that the fling at this doctrine, because of its "antiquity," or the declaration that it has become "antique," because a "newer idea" has been advanced, was not the most pleasing thing he heard fall from the gentleman's lips this evening. He had a little unpublished fact touching this matter of the development of the female contribution to the germ of a new being, tending, as he thought, to corroborate the doctrine of the flow being dependent upon the excitement or physiological disturbance in the uterus, consequent upon the development, perfecting and casting off from the ovarium of an ovum or ova. The fact to which he alluded was this. The lower order of animals, many of them whilst they contribute to our comforts and happiness, pastimes and amusements, are occasionally brought into our service to develope facts, and to prove or disprove doctrines or laws, the operations of which are recorded with much interest by the humane and scientific. Thus, then, in the spirit of scientific inquiry, he used a bitch to test and watch the degree of excitement which sprang up in her generative system during that period which is known in popular language as the "period of heat" in that animal. This period, as the members are aware, continues in this animal for eighteen days.

During the first half of it she will not have intercourse with the male, but will have contact with him at any time during the latter half, or nine days. Aware of these facts, he took such an animal at the period when the excitement was first observable, and kept her up, noting her condition and testing the degree of excitement in her, by bringing into her presence the male. Shortly after the commencement of the last nine days, about the twelfth of her excitement, she had a flux, or sanguineous flow. This was without doubt owing to the excitement present in her generative organs, consequent upon the development and maturation of her contribution to the the germs of her species. At the close of period of excitement, the eighteen days, she was brought in contact with the male animal, and by that contact she became impregnated. This fact is worth something. It proves, that at the time of the perfecting of the ovum or ova in the ovarium or ovaria, there is an unusual excitement in the generative system, and that even in the dog this excitement becomes at times so intense as to give rise to a sanguineous flow. Its tendency is to establish the doctrine that the development of the ovum and the menstrual flow stand in the relationship to each other, not of coincidents, but of cause and effect.

He was much pleased that a member had invited the society to the consideration of abortion in its criminal aspect. It will not do for us to shut our eyes to the lamentable fact, that this species of iniquity is sadly on the increase. The spread of civilization, the march of religion, has not had the effect of diminishing this crime. It is not confined to any particular order of society, but is practiced alike by the learned and the ignorant, the refined and the vulgar, the lady and the courtezan, the mistress and the maid. And how shall you prevent it? Will it be by writing and publishing books establishing the fact, that criminal abortion is practiced, and showing by figures the extent of the crime? Will it be by denunciatory lectures from the teachers of our universities? These are all very well, they instruct us, they instruct physicians, but the instruction does not go far enough. To be useful it must reach her who has the most interest in being properly instructed in regard to the criminality of the act of wilful abortion. If you would diminish this crime, if you would have the embryo or fœtus unharmed by the mother's hand or by others with her consent, you must instruct her in regard to the viability of the new being. You must disabuse her mind of the popular and cherished error, that the fœtus is not viable, that it is without life until the period of quickening. You must prove to her that it is a living being from the moment of conception, and as such demands her uttermost care, that it be not harmed or violently dealt with; that it has as large claims upon her for its safety and protection in the womb as out of it; that its destruction in the womb is no less a crime, than its destruction out of the womb would be, and that that crime is murder! If we would prevent criminal abortion we must not only be doctors, but we must be moral teachers in

this matter. When waited upon as we all are, too often indeed, by married ladies, and invited to give them treatment to bring them regular, because they have missed their flow; if we desire to discharge our duties fully as physicians and Christians, we must not put them off with harmless treatment, but we must instruct them in regard to the nature of abortion brought about under such circumstances as they desire; we must inform them, that the act would be criminal, that it would be the destruction of human life, that it would be the imbruing of our hands murderously in human blood, and that on their part it would be an act which, if properly viewed by society, would cause them to be regarded as felons. We should teach them, that no matter how secretly they may bring about the abortion, no matter how much from human eyes their crime may be concealed, no matter how they may escape being properly and justly arraigned by a criminal court for the crime, no matter how they may escape the pain, shame and disgrace of standing before such a court, answering the query "guilty or not guilty," yet from high heaven they cannot conceal their offence, but will stand before the true and living God, as guilty of the destruction of human life, as did Cain, when he murderously struck down his brother Abel. In the prevention of this crime there is a great and noble work to be done, and upon none, does it fall so much as a duty, as upon physicians; and to be reached, they must in season and out of season, seek opportunities to instruct, kindly counsel, and advise women in regard to the *nature* of the life of the embryo, and when they shall be well instructed, the work of preventing criminal abortion will be more than half accomplished. "But do we do this? Do you, and I, when we are solicited by pregnant women to bring them regular, first instruct them in regard to the nature of the life of the conception? Do we declare to them that it is a living being, having precisely the same quality of life in the first moment of its time, as in the last moment which precedes labor? And then do we instruct them in regard to the nature of the crime they invite us to become with them co-operators in? And then, if after being properly instructed, they still persevere in importuning us, do we inform them that they are not only inviting us to step far, far down from our high positions as physicians, but that they are offering an indignity to our manhood? If we do not, if we have not the moral courage to administer a rebuke, prompt, positive and forcible to them, then it is time that we take courage and commence the discharge of our duty. The good work will be damaged by delay. Therefore let us gather resolution from, and become fired by the importance of preventing this rapidly increasing crime. The profession of medicine should not alone be active in the work of staying the onward march of this crime, but the church should be aroused to the importance of the work; from every pulpit in the land should the alarm be sounded, the crime strongly denounced, and anathemas hurled with truthful, but terrific force, against all who may be guilty of producing "criminal abortion."

Dr. Maybury said, that as the doctrine of *ovulation* had incidentally been introduced this evening, he desired to mention a fact somewhat at variance, he thought, with that theory, and which was worthy of record. It came under his observation some twelve years ago, when the views of Bischoff and Raciborski were comparatively new, and attracting more or less the attention of physiologists everywhere. He was called by a medical friend to see, in consultation, a female patient, about thirty eight years of age, laboring under scirrhus of the stomach, from which she shortly after died. She had menstruated regularly, and up to the very period of her death. Besides the menstrual discharge was said, upon special inquiry, to have been natural, possessing all the peculiar characteristics of that flow.

The autopsy revealed extensive scirrhus of the stomach, especially of the pylorus, which was much thickened, indurated and contracted; the orifice being almost entirely closed. The pancreas was in the same scirrhous condition. Both ovaries were found enlarged, of a globular form, fully two inches in diameter, completely solidified, remarkably heavy, and almost of a stony hardness, without a particle of healthy tissue remaining; neither were any signs of Graffian vesicles, in any stage of development, present, nor were any corpora lutea, recent or old, discovered. Could, in this instance, the menstrual flow have been dependent on a periodic maturation and discharge of ova?

Dr. Hamilton narrated a case of twins, occurring in his practice, similar to, or still more remarkable than the one mentioned by Dr. Nebinger. The patient after being delivered of a child, apparently at the full term, alive and of the ordinary size, gave birth, in a few minutes, to a second child, in a partially decomposed state, and not developed as to size beyond what is usual at four or four and a half months. Here, then, the woman carried one of the children to maturity, whilst, probably, the other was dead during four or five months. The abdominal parietes of the small fœtus were ruptured, (doubtless during the expulsion of the full grown child,) and the bowels partly protruded. Still, the diminutive size and the decomposed condition of the fœtus is no proof that it was devoid of vitality nearly so long as appearances indicated as a special cause, or various agencies may have conspired to check the normal development of one conception, *ab initio*, whilst that of the other proceeded as usual. Dr. H. was not aware that a peculiar disposition to hemorrhage existed about the

time of quickening, as quoted by the gentleman who introduced the discussion this evening. Admitting, however, that such was the fact, he did not think the assigned cause (commotion of the uterus during its ascent from the pelvic to the abdominal cavity) could be received as in itself sufficient. In fact, the growth of the embryo was so slow and gradual that, as a rule, no movement of an abrupt character could take place, and the cause of such hemorrhage must be sought in other than mere physical commotion. In relation to the comparative danger of hemorrhage occurring in the earlier or later months of gestation, his experience had furnished the larger number of alarming cases in the earlier periods, especially about two and a half months; and although some of these patients were rendered pulseless, and in appearance bloodless, none of them were lost, which he could not invariably say of those delivered at the full term. When the hemorrhage was so profuse as to immediately threaten life, he had found no means so effectual in arresting it, as the sudden application of cold water over the uterine region, so as to strongly shock the whole system. By this means we gain time, at least, for the employment of medicines, slower, but often more durable in their operation. Of these he knew of none so effectual as full doses of opiates, alone or aided, as the case may be, by brandy. Acetate of lead he thought decidedly less reliable, where the situation of the patient was threatening, than opium and brandy.

Adjourned.

EDITORIAL DEPARTMENT.

Periscope.

On the Croupous Diathesis of Children.—Dr. Clemens, of Frankfurt, publishes some remarks in the *Journal fuer Kinderkrankheiten*, which are of great interest. He calls attention to the important part which fatty and oily substances play in the nutrition of infants. The child obtains milk, the fat of which is considered by Moleschott, as just as important as the casein, sugar and amylaceous nutriments. The part which oil and fat takes in cell formation is acknowledged, and the enormous activity of cell-formation in the organism of the child is shown in the abundance of colorless corpuscles in the blood of the child, the origin of which depends upon fat.

Now, if a child is brought up on cow-milk, what happens? The child receives in cow-milk a fat which in its form is different from the fat of carnivora; for the contents of the fat-cell of the milk of ruminating animals and rodentia are much more solid than in man, carnivora and pachydermata, whose fat approaches most that of man. Thus the child gets not only a larger amount of fat in cow-milk, which is richer in this material than human, but also fat-cells, whose contents require more assimilative force in order to be metamorphorized into human fat. If the child, besides being fed on cow-milk, gets sugar and starch, as is usual, in considerable quantity, gradually a large excess of fat takes place, and an abnormal amount of colorless blood corpuscles occurs, which forms the basis of the croupous diathesis. If in this condition of the system catarrhal irritation of the mucous membrane occurs, coagulation by exudation rapidly takes place, which we call pseudo-membrane.

We have, however, the croupous diathesis originate also in young, unhealthy children, as well as in the robust; here it is especially scrophulosis, which predisposes to exudative coagulations, because the mesenteric glands, and with them the blood-formation, are diseased, and thus also surcharging the blood with colorless corpuscles.

Dr. Clemens highly recommends, as a prophylactic means in croupy diathesis, cod-liver oil to be taken regularly in the morning, in tablespoonful doses, and continued until the diathesis has disappeared.

Angina Pectoris—Dr. Francis Wayland Campbell, of Montreal, reports, in the *British American Journal*, a case of angina pectoris, terminating fatally, and gives an account of the autopsy. The heart was enlarged and fatty. The mitral and tricuspid valves were healthy, but on the free surface of the aortic valves there was deposit of ossific matter, as well as upon the whole surface of the arch, rendering the parts rough and gritty to the finger. At the aorta between two of the valves was a triangular spot about three-eighths of an inch in diameter, which projected to the the extent of one-tenth of an inch into the calible of the artery, and no doubt contributed to cause the sounds which had been noticed before death, (a systolic murmur, and very distinct and harsh diastolic bruit, both heard over the aortic valves.)

The Scientific Congress of France Assembled on Sunday, September 8th, in the Hotel de Ville of Cherbourg, for its Annual Session. The number of members of the Congress now is 560.

Reviews and Book Notices.

MEMORANDA MEDICA, *or Note Book of Medical Principles.* Being a concise syllabus of Etiology Semiology, General Pathology, Nosology and General Therapeutics. *With a glossary.* For the use of Students. By HENRY HARTHORNE, A. M., M. D., *Professor of Theory and Practice of Medicine in the Medical Department of Pennsylvania College; Physician to the Protestant Episcopal Hospital of Philadelphia, etc., etc.* Philadelphia, J. B. Lippincott & Co. 1860. Pp. 190.

Although this work is intended more particularly for the use of students, we must, after an examination of it, confess that it is as well adapted for the use of physicians. It contains an immense amount of facts in the smallest possible space, in the most concise and clearest language. For this reason we predict that it will often be used by the physician, in search of a particular fact, in preference to some more bulky volume. It is not encumbered by theories, and where the author gives definitions, in general pathology for instance, he takes care to embody in them only what is actually known. Thus, for example: "Tuberculosis may be pathologically defined as a constitutional tendency to the formation of blood, the plasma of which is defective in organizable capacity; so that, in nutrition, instead of healthy tissue, it forms, in one, or very often, in many, of the organs, *aborted blastema*, which accumulates as a deposit. This deposit is called tubercle; the process tuberculization." The following concluding maxims are given:

1. All pathology is but the physiology of organic perturbations.
2. Never interfere actively in disease, without a distinct object.
3. Act only upon *scientific* reason, or *well-defined* experience.
4. Treat the cause of disease *whenever* it is possible.
5. Watch *always*, and treat *when* requisite, the condition of the *patient.*
6. Avoid, especially, routine treatment according to the *names* of diseases.
7. Use *no* violence with self-limited diseases.

I believe that a sound "theory of medicine" may be expressed in a single paragraph, thus:

Physiological optimism is the aggregate tendency of all the forces of the living organism, under the controlling influence of the *vital force.* But, the *best possible* result in a given case may, from its conditions *and circumstances*, fall far short of *health.* Medicine, then, is to favor *or* supply *those conditions, which under natural laws, allow* or *promote* the best result.

In aiming to fulfill this duty, the art of healing must *always* depend *in part*, upon empirical observation (which every branch of knowledge requires), and *in part* upon inductive science. But in both alike, the physician is, or should be, "*naturæ minister et interpres.*"

It is a little book, which no medical man, student or physician, will regret having bought. The typography is excellent.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, SEPTEMBER 29, 1860.

CLOSE OF THE SECOND YEAR.

This number closes the fourth volume of the MEDICAL AND SURGICAL REPORTER, and the second year of its publication in the weekly form. If our labors have been arduous the past year, we have the satisfaction of knowing that they have been appreciated by the profession of the country, judging from the countenance and support we have received, and which at no time in our editorial career has been more encouraging than it is at this moment.

Those who have given us their support from the commencement, will bear witness that *progress* has been our rallying cry, and for the future, we can only say that our ideas have undergone no change, and point to the past as a guaranty for further improvements.

To judge correctly of our labors for the year, our readers must examine not only the index accompanying this number, but also that in the issue of the last of March, as there are two complete volumes a year, each with an index and title page, and each containing nearly six hundred pages of reading matter.

Next week the *fifth* volume will commence, enlarged to the extent of eight pages of reading matter a week, and much improved typographically. We are every day receiving accessions to our list, from the commencement of the volume, and shall expect many more.

EMPIRICAL INNOVATIONS, AND SCIENTIFIC PROGRESS.

The *Evening Bulletin* of Saturday last contains a remarkable editorial article under the caption of "The Healing Art." Its tone is that of a fretted valetudinarian, who after dabbling to his own detriment in all of the popular empiricisms, begins, while still smarting, to moralize on the gauntlet through which he has run. He is not inclined to censure his own erratic course by condemning the vagaries into which he has misled himself, but endeavors to bolster up his follies by attempts to prove that every ignis fatuus which led him off from the straight way, is useful in shedding a true light on the straight way of science.

He thinks that medical science is a sort of a fixture, which is advanced not by those who earnestly prosecute it for humanity's sake, but by the innovations of charlatans who, through ignorance or avarice, condemn it.

The editor remarks that:

"As the changes which have been effected in the methods now used by the regular profession have been mostly forced upon them from without, we will trace out the effects of the exertions of those prominent innovators who have, from time to time, helped to change the general current of opinion among medical men concerning the different branches of the healing art"

The remainder of the article is made up of assertions, without any evidence to sustain them, that medicine has been greatly advanced by the popular empiricisms of the past and present, but which every medical man knows, have in reality been great impediments to medical progress. The empiricisms which are adduced to prove the assertions, are those which happen to be now most popular. The first noticed is homœopathy, which is claimed to have reduced the doses previously administered by the "regulars," and to have made less frequent the resort to venesection. Hydropathy, the article states, has introduced water more into therapeutics, and the eclectics have the credit of bringing out many valuable remedies.

That homœopathy has had any influence whatever on the general practice of physicians is not the fact. As that fallacy subsists by terrifying its dupes in regard to ordinary medication, it may have had an influence on the masses, and thus reduced the amount of medicine voluntarily swallowed. Medicines have been condensed and reduced in bulk, not by "innovators," but by the honest workers in science, who have always held a fraternity with the regular medical profession.

Bleeding is resorted to on the same principles as ever; but if less frequently practiced than formerly, it is from no homœopathic influence or principle, but because prevailing diseases require it less, or because it has been substituted by improved means, or from the fact that the present more thorough pathological knowledge sometimes contraindicates it.

The water-cure has illustrated nothing which was not known before its introduction, except the wonderful abuse which the vital powers will sometimes tolerate, and the amount of water which a human being may be made to swallow and excrete.

Organic chemistry, in the direct way of medical science, has, in recent times, developed for use the active principles of the indigenous medical plants which the editor of the *Bulletin* claims for the "innovators" called eclectics.

As it is claimed that the present age is so indebted to its "innovators" for every improvement in medicine, the "innovators" of the past must have been the cause of all progress up to the present time. But is this, in any degree the fact? Can a single "innovation" of the past be shown to have really added anything substantial to medical progress? A few of the most popular methods of practice which were opposed by the regular physicians in modern times, may be instanced.

In the latter part of the last century "Pneumatic Medicine," as it was called, was the prevalent "innovation." All disease was to be cured by respiring certain gases. The delusion was wide-spread and very popular, and its cures, certified to, as is customary at the present time, by many cler-

gymen, were numberless and miraculous. Yet has the "innovation" of Pneumatic Medicine left anything to medical science?

Has Perkinism with its "metallic tractors," royal patronage, published lists of ten thousand cures, and which was once in greater public favor than homœopathy now is, left anything for us to profit by but a warning example of folly?

Has the so called animal magnetism or clairvoyance, now abandoned, and which was claimed to possess an omniscient power to explore disease, done anything for therapeutics?

The same may be asked of tar water, brandy and salt, and other popular panaceas, now almost forgotten, but which over-ran the world, and, in their day, were believed to cure all human ills. These and many others were "innovations" which have been widely accepted by the people, yet were discarded by the medical profession.

A frequent practice of the charlatan of the present day is to take up some method of treatment which medical science has developed and on which it has set its estimate of appreciation, and push it into notoriety as a newly discovered certain cure. Thus have the therapeutics of electricity and pulmonary inhalation been misused.

Perhaps, according to the *Bulletin*, the perfection of medical practice would be that which accepts the "innovations" of all the quackish systems. Such appears possible of accomplishment, as is evinced by the fraternizing in one office in this city of three of the different varieties of quacks.

That the medical profession oppose with prejudice everything new, is an absurdity. All really rational innovations instead of being opposed, have been at once adopted; indeed, there is in the profession, instead of an opposition to novelties, a dangerous avidity for everything new offered, which in the slightest degree gives a prospect of its adding to the forces which we bring forward to aid in combatting the hydra of disease.

A WORD WITH THE "A. V. S."

It being one of the characteristic traits of our nation, to hold conventions and anniversaries, and to indulge in the luxury of societies and associations for every conceivable object, but frequently to no particular practical purpose, it is a matter of no serious astonishment that we can boast of an "American Vegetarian Society." We are not far from the truth, we believe, when we state that one of the reasons which the vegetarians advance in support of their views, is, that the eating of flesh contributes to make man's nature akin to that of the animal of the flesh of which he partakes, and that the flesh of the beast, when eaten by man, is apt to produce in him beastly habits and animal desires. How far this is true, we feel at present no inclination to discuss; but this much we will say, that whatever the influence of animal food may be upon the habits of men, an exclusive *vegetable* diet seems to have a most disastrous effect upon his intellectual faculties, enlarging the "bump" of self-conceit to an extraordinary degree, with a corresponding shrinking of cerebral substance in other parts, important to ordinary men, but of no account to our modern reformers; such as for instance, some capacity of appreciation of others, and the faculty of recognizing truth. We judge of these disastrous effects of an exclusive vegetable diet, from their fruits, as exhibited in the eleventh anniversary of the American Vegetarian Society, recently held in this city. For the text of our remarks we are indebted to a report of one of our daily papers.

It could of course not be expected that the American Vegetarian Society should meet, and not pass *resolutions*. The vegetarian anniversary, without resolutions, would have been like corned beef, minus cabbage; so we are glad they have not omitted this important part, and we will try to salt and pepper it to the best of our culinary knowledge, and having done so, spread the feast before our readers.

The first resolution is wonderfully wide in its scope and of corresponding depth.

"*Resolved*, That the basis of all substituted and enduring reforms among men, is to be found in a return to the natural dietary."

It is astonishing how foolish men have been in the past, and a pity that the "A. V. S." has not existed more than eleven years, to enlighten mankind in reference to the basis of "enduring reforms." Instead of nailing his ninety-five *theological theses* on the church door at Wittenberg, as the basis of his reform, Luther, had he been but a vegetarian, would, instead of troubling himself about Tetzel, and the doctrine of indulgences, have simply made out a "bill of fare" of the "natural dietary;" and raising his powerful voice in its advocacy, how much more enduring would have been his reform! It was a pity, too, that Washington and others had not the benefit of the council of the "A. V. S.," because it would have obviated much bloodshed and loss of life. The bad behavior of George the Third,—we beg the Baron Renfrew's pardon—was obviously owing to the *un*-natural dietary of too much roast-beef and ale, which explains his stubbornness and dullness. Had those rash men who put their names to the Declaration of Independence, signed in its place a bill of fare, based upon the "natural dietary," it would, undoubtedly have been, a slower, perhaps, but a surer and more lasting manner of mending political matters!

After having "resolved" this first "resolution," but leaving us somewhat in the dark about the extent and contents of the "natural dietary," for instance, whether that favorite delicacy of ours, pumpkin pie, is to be included or not, we come to the second resolution, the depth of thought, fullness of idea and novelty of conception of which, surpasses anything in the way of resolutions that we have seen in this most resolution-prolific country in the world.

Resolved, That intemperance, dissipation and debauchery, are in all nations clearly traceable, mainly to erroneous habits of eating and drinking,"

We have never been able to trace the cause of intemperance and dissipation until now. The resolution of the "A. V. S." has burst upon us like a meteor of new-discovered truth. Formerly when we saw a man in a state of inebriation or dissipation, the matter to us was extremely mysterious and inexplicable; but now light dawns upon us—he has been in erroneous habits of eating and drinking. What a discovery, what a striking resolve, for what a new light are we indebted to the "A V. S."! How can we thank them for informing us that drunkenness is *mainly* due to *erroneous* habits of *drinking*! Especially the habit of "perpendicular" drinking, which we have always considered a great bane.

The third resolve is worthy of its predecessors:

"3. That the various moral and physical reforms of the age, and particularly the temperance and anti-tobacco reforms, will always be subject to sudden and disastrous relapses so long as their advocates and proselytes alike indulge in such dietetic habits as pervert the normal instincts, and provoke morbid appetites."

It is the flesh of the beast which lies at the bottom of all evil. We fear that the "various moral and physical reforms" will never be carried out, for it is useless, we are told, to attempt lasting reforms, without abjuring fish, flesh and fowl, and according to Darwin, it is a natural law that we should eat them. Who will help us out of this dilemma!

We omit the fourth resolution, which is simply congratulatory of the progress of the great vegetarian cause.

In the fifth, however the "A. V. S." once more rises to the sublimity of a new discovery. They *resolve:*

5. That as a general rule, the strongest men in the world, the most beautifully organized and developed men, the fairest complexioned men, the wisest and most profound thinkers, the most moral, humane and virtuous men, and the longest lived men, have been vegetarians; and facts well established abundantly prove that those who live exclusively on a vegetable diet can and do endure the extremes of heat and cold, hard and long continuous toil and exposure, and long continued privation, better than those who live on a flesh, or mixed diet.

Some simple-minded men, brought up on a mixed diet, with a fair allowance of good beef, and historical and biographical facts, might, perhaps question the truth of the above. But

let them only abjure meat, and it will not be long before they will, like the "A. V. S." come to understand, what ordinary intellects, brought up on the flesh of animals do not,—that "*resolving*" a thing is equivalent to *proving* it.

Thus much for the resolutions of the "A. V. S." A few words about their speeches, for, of course, loquatory exercises of vegetarian tone and calibre, formed one, if not the principal entertainment, of the anniversary.

A "Dr." Trall tells us, that "history informs us that all the nations of the earth have fallen or rose according to the articles which they eat and drank." We wonder what the Italians have been eating and drinking lately; for they are evidently rising from a most degraded position to one of considerable elevation. We would like the "A. V. S," to forthwith publish their bill of fare of the "natural dietary" so that it may be resorted to among the nations of the earth, who are struggling for freedom and emancipation. But one more point, and we have done adding our condiments to this vegetarian feast. It is reported of one of the members of the "A. V. S.," one Mr. N. L. Bunn, that he thought "the reason why the vegetarian system was so strongly opposed by the medical profession was, because these latter depended on the misfortunes of their fellows for a living. They would not teach this system, as it would tend to produce good health. They would rather promulgate false doctrines."

A *meaner* thought was never conceived in the brain of the most incarnate beef-eater than the above, to which the vegetarian tongue of this Mr. Bunn gave utterance. If to calumniate and slander a profession, whose whole history is one of self-sacrifice, disinterestedness and martyrdom, who have fearlessly walked and are walking amidst pestilence and contagion, with almost certain death staring them in the face, with no prospect of remuneration, but stimulated simply by a noble sense of duty, if to slander and calumniate this profession is the fruit of your "natural dietary," then may heaven preserve us from the "basis of your substituted and lasting reforms."

No, gentlemen; you are sadly mistaken! One wiser than you; One, who loved his race more than you; One who has made a greater reform than your feeble imagination can conceive, once said:

"Do not ye yet understand, that whatsoever entereth in at the mouth goeth into the belly, and is cast out into the draught?

But those things which proceed *out of the mouth* come from the heart; and they defile the man."

Will Mr. Bunn and his fellows of the "A. V. S." remember this when they hold their next anniversary?

We saw, a few days ago, at the wholesale drug and chemical establishment of J. M. Maris & Co., 711 Market street, in this city, the neatest specimen of a medicine bottle for the drug store or physician's office, that ever fell under our observation. It was made of the best flint glass, with a perfectly fitting stopper, and the label is gilt and *burnt into the glass*, securing it from the corroding effects of acids, &c. The bottles are made in Boston, and only to order.

We have already announced the action of the Board of Guardians of the Poor, in opening the Philadelphia Hospital to clinical instruction, free of charge to students. Clinical lectures will begin next week, Drs. Agnew, Ludlow and Penrose being on duty. The means for clinical instruction in this hospital, are extended and varied, and we bespeak a large attendance.

Croup without Croupal Cough.—Dr. Gottschalk relates some cases to show that while, on the one hand, a cough precisely resembling that of croup, may be present in mere laryngitis, the characteristic cough may be entirely absent in true croup attended with fatal exudation. — *Journal für Kinder-krankheiten*, band xxxiv. p. 39.—*Med. Times and Gaz.*

Small Pox [redacted] prevailing in Jersey City to such an extent that the city authorities were obliged to appropriate $500 for the erection of a temporary hospital.

News and Miscellany.

Medicine in Micronesia.—A missionary writes from Ponape:

Called on a high chief to-day who is very sick, and seems nigh his end. He has had the native doctors and conjurors, but he gets no relief. While I was sitting in the room, engaged in conversation with him, an old hag of a woman sat down at his side, rubbing his limbs and mumbling her prayers. The rubbing is no doubt a very efficient remedy for many of their complaints, and I am not surprised that it gives great popularity to those who are skilful in performing it. When the people learn to attribute the cure to this, and not to the incantations connected with it, I shall be for recommending it in my practice. I offered the man medicine, but he begged me not to be offended at his not taking it, since he was so sick. He hoped that in a day or two he would be better, and then he would be glad to take it! As he pointed to a bottle of medicine just left by Nanakin to be taken when he got better, I could no longer urge him to take mine at once. Poor things! Some of them fear us, and so are slow to take our remedies, and some are too proud to own the weakness of their priests so far as to accept help from us. There is now a great deal of sickness upon this island. I have a good many patients, some of whom must die. Some seem glad to have me visit them, paying good attention to what I have to tell them of the soul after death.

The Health of San Francisco, writes the *Pacific Medical and Surgical Journal*, for July, for the last few months, has been excellent. We have no epidemic, and have not had since the decadence of scarlatina. There were one or two mild cases of small-pox in June; none this month. We see a few reported phthisical cases; very few, if any, have originated in this country. In June the mortality was 126; for July up to the 21st inst., inclusive, the deaths were 97.

Medicine in Sardinia and Savoy.—The annexation of Savoy to France gives the French journals an opportunity to speak of medical matters in these countries, and it may be of interest to our readers, to hear something about them. The source of our information is the *Gazette Hebdomadaire* of August 17th, 1860.

Since the suppression of the "bleeders" (phlebotomists,) fifteen years ago, the law recognizes but one class of physicians. All the students are required to obtain the double diploma of doctor of medicine and doctor of surgery.

Savoy has a preparatory school, the seat of which is at Chanbéry, with five chairs: chemistry and botany, (Prof. Behert;) anatomy, (Prof. Besson;) physiology, (Prof. Revel;) institutes of medicine and surgery, (Prof. Massola;) surgical clinic, (Prof. Carrett.)

Chambéry possesses several hospitals and charitable institutions. The *Hotel Dieu*, for internal and external acute diseases, contains 102 beds; the number of patients treated from January, 1846, to January, 1852, is 10,036. The Surgeon in Chief is M. Carret, an expert operator, a prudent practitioner, and an able teacher.

There is an additional hospital devoted to phthisis, annexed to the *Hotel Dieu*.

The *Charity Hospital*, or hospital for incurables, containing 300 beds, offering, frequently, a remarkable collection of chronic diseases, scrofulous, cancerous, and catarrhal affections, tertiary syphlis, etc.

The *Maternity*, 630 accouchments took place in this institution from 1846 to 1852.

The *Military Hospital*. The number of admissions in this institution has been, in ten years, nearly 44,000, of which, 32,000 were in the medical, 8,216 in the surgical, 2,808 in the syphilitic, and 947 in the department for itch. The number of deaths among these was 714.

The *insane asylum*, at present, under the charge of Dr. Fusier. There are several other hospitals in other parts of the province.

Treatment of Leucorrhœa.—In leucorrhœa from chronic stasis of the uterus, without considerable textural changes and in the absence of syphilis, Dr. Pockels has for a long time past administered with great success secale cornutum and catechu, giving of each as much as will lie on the point of a knife three times a day—the catechu being as serviceable as the more expensive tannic acid. If there is anæmia, phosphate of iron is added, and alkalies when acidity of the stomach prevails. An increased secretion of mucous is at first produced, and this may have some blood mixed with it when chronic hyperæmia is present.—*Varge's Zeitschrift*, band xiv. p. 7.—*Med. Times and Gazette.*

Answers to Correspondents.

Dr. B. S. Va.—The reports of the results of the use of Propylamine are very contradictory. It was in the Philadelphia Hospital condemned as inert, whilst in the Pennsylvania Hospital it seems to have obtained confidence. The accounts of its efficacy at St. Petersburg, where the remedy was introduced, are truly marvelous.

Propylamine has been made and can be obtained in the form of a chloride from Messrs. Crew, Rogers & Crew, manufacturing chemists of this city.

Dr. M.—An American *reprint* of the work would probably be acceptable to the medical public, and perhaps very saleable; but we would not recommend any *editing* of it. If you can do better than the author has done then write another book, or, in the journals or in a monograph, tell what you claim as new or what is untold on the subjetts. The habit of editing foreign publications is very properly decreasing; it has been one of the greatest impediments to the progress of our national medical literature.

COMMUNICATIONS RECEIVED.—*Delaware*, Dr. D. W. Maull, (with encl.)—*Georgia*, Dr. V. H. Taliaferro, (with encl.)—*Illinois*, Dr. W. McKnight, (with encl.,) Dr. R. L. Rea—*Iowa*, Dr. A. C. Taylor, (with encl.)—*Kentucky*, Dr. J. O'Brien, (with encl.,) Dr. Lee—*Massachusetts*, Dr. L. Pillsbury, (with encl.,) Mr. J. Choate, (with encl.)—*Maryland*, Dr. Jas. Dwinnelle, (with encl.,) Dr. W. S. Forwood, (with encl.)—*New Jersey*, Dr. Wm. Johnson, (with encl.,) Dr. J. C. Cook, (with encl.)—*New York*, Dr. Mac Nicholl, (4,) W. E. Chapman, Dr. C. V. Barnett, (with encl.)—*Ohio*, Dr. A. H. Baker, Dr. G. O. Hildreth, (with encl.)—*Pennsylvania*, Dr. H. R. Terry, (with encl.,) Dr. J. Breitenbach, (with encl.,) Dr. E., R. Scholl, Dr. P. S. Leisenring, Dr. W. W. Wick, (with encl.,) Dr. D. M. Carrell, (with encl.,) Dr. G. S. Wentz, (with encl.,) Dr. W. Erdman, Dr. J. Breitenbach.—*South Carolina*, Dr. W. T. Russell, (with encl.)—*Michigan*, Dr. J. McHench, (with encl.)—*Mississippi*, Dr. G. B. Heard, (with encl.)

Office Payments.—Dr. Morris, Dr. J. W. Rugh, (Pa.,) Dr. G. G. Chamberlain, (Del.,) Dr. A. C. Cernea, (Pa.,) Dr. E. Hopkins, (Pa.,) J. S. Herron, by Mr. Swain, Drs. Senderling, C. P. Tutt, C. W. Horner, Byington.

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MARRIED.

COOPER—JONES—On Thursday afternoon, 20th inst., at Fort Monroe, Old Point Comfort, Va., Surgeon Geo. E. Cooper, U. S. A., to Miss Elva M. Jones, of Sea View, Virginia.

DEATHS.

JOHNSON—In New York, September 22d, Dr. William J. Johnson, in the 56th year of his age.

WHITING—In New York, suddenly, on Saturday, the 22d inst., James C., infant son of Dr. Alex B. and Matilda A. Whiting, aged 18 months and 2 weeks.

MARTIN—At Allentown, Pa., Sept. 25th, Dr. Charles H. Martin, a prominent physician and surgeon, aged 53 years.